

WAGE BOARD

INDUSTRY

Please Check One:

Employee Representative

☐

Employer Representative

☐

Letter of Nomination Wage Board

TO: Industrial Welfare Commission

770 L Street, Suite 1170

Sacramento, CA 95814

(916) 322-0167

FAX: (916) 324-1705

Please type or print information

Be sure your nominee is willing to accept this commitment and responsibility

Name (please print):

Title & affiliation:

Mailing Address:

City/ZIP:

Telephone:

(Day)

(Evening)

Please attach a brief description and/or resume listing the qualifications of the candidate

Nominated by:

Title & affiliation:

Mailing Address:

City/Zip:

Telephone:

(Day)

(Evening)

Signature

Date